

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/590002

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
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32						
33						
34						
35						
36						
37						
38						
39						
40			1			
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	0	↓	1	↓	0	↓
TOTAL DEP.	0	←	10	←	0	←
TOTAL CLAIMS	0		11		0	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52			1			
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59				1		
60				1		
61				1		
62			1			
63				1		
64				1		
65				1		
66				1		
67				1		
68			1			
69				1		
70				1		
71				1		
72				1		
73				1		
74			1			
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80			1			
81			1			
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97						
98						
99						
100						
TOTAL IND.	0	↓	10	↓	0	↓
TOTAL DEP.	0	←	22	←	0	←
TOTAL CLAIMS	0		32		0	